	No C	Yes	" income, transactions, or liabilities of a spouse or dependent child	Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption?	
	No 💽	Yes [Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		· · · · · · · · · · · · · · · · · · ·
		SNC	INFORMATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFOR	E
			schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.	
	ropriate	the app	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 🕢 No 📋	<
-			If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.	
	□ 8 <	e Yes	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes 📝 No 📗	₹
			If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.	
	₹	Yes	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth Yes V No	₽
			~ ~ ~	If yes, complete and attach Schedule II.	
	S	elor 05 Yes	Old you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ✔	=
			If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.	:
	No S	in Se Yes	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes ☐ No ✔	:-
i !			QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE	PR
	30 days	more than 30 days late.	Termination Date: mor late	Report Type Annual (May 15) Amendment Term	. 70
	anyone who files	anyone who files		Status District: 02	u
	alty shall	A \$200 penalty shall	Officer Or Employing Office: A \$	✓ Member of the U.S. House of Representatives) <u>_</u>
koʻ.	HINGOFFICE LISE OFFINE INC.	Office Us	(Daytime Telephone)	(Full Name)	
E S	2000 JUN -4 PM 3: 19	- L	(202) 225-4401 ZIDB JI	Peter Hoekstra	
÷	SENTANT SOURCE CENTER	IVE KESOL	61) 100		
•	; ; ;		For use by Members, officers, and employees	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	F
			FORM A Page 1 of 9	UNITED STATES HOUSE OF REPRESENTATIVES	Ç
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Name Peter Hoekstra

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American Funds Washington Mutual - A	American Funds New Economy - A	American Funds Growth Fund of America - A	Herman Miller MLHR	American Funds Capital World Growth & Income - A	Compass Diversified	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.
\$50,001 - \$100,000	None	\$50,001 - \$100,000	None	\$15,001 - \$50,000	\$1,001 - \$15,000			Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."
DIVIDENDS/CAPI \$5,001 - \$15,000 TAL GAINS	DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI TAL GAINS	DIVIDENDS/CAPI \$1,001 - \$2,500 TAL GAINS	Div/DIVIDENDS/ CAPITAL GAINS			Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)
\$5,001 - \$15,000	\$2,501 - \$5,000	\$2,501 - \$5,000	\$1 - \$200	\$1,001 - \$2,500	\$1,001 - \$2,500			Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.
			Other: Gift		S(part)			Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDULE III - ASSETS F	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Peter Hoekstra	kstra	~	Page 3 of 9
Dreyfus Premier S&P Stars	S&P Stars - B	None	CAPITAL GAINS	\$2,501 - \$5,000	S
CMS Energy Corp (CMS)	orp (CMS)	\$1 - \$1,000	DIVIDENDS/CAPI TAL GAINS	\$1 - \$200	
Franklin Utilities - C	- C	\$50,001 - \$100,000	DIVIDENDS/CAPI TAL GAINS	\$2,501 - \$5,000	,
Interoil Corp (IOC)	C)	\$15,001 - \$50,000	CAPITAL GAINS	\$2,501 - \$5,000	PS(part)
Nam Tai Electronics (NTE)	nics (NTE)	None	DIVIDENDS/CAPI TAL GAINS	\$2,501 - \$5,000	S
Urstadt Biddle Properties Inc (UBA)	roperties Inc	\$1,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	
Franklin Templeton Perspective Alloc - C	iton C - C	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	
Gentex Corp (GNTX)	NTX)	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	
Senbanc (SENBX)	3X)	None		NONE	Ø
Ivanhoe Energy Inc (IVAN)	Inc (IVAN)	\$1,001 - \$15,000		NONE	!
McKenzie Bay Intl (MKBY)	ntl (MKBY)	\$1 - \$1,000		NONE	<u>i</u>
ADC Telecommunications (ADCT)	unications	None	Other: LOSS	NONE	S
APA Enterprises Inc (APAT)	s Inc (APAT)	\$1,001 - \$15,000		NONE	· <u>-</u>
Clarion Technologies	ogies	\$1 - \$1,000		NONE	

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME PowerShares WilderHill Clean Energy (PBW) Pacific Ethanol Inc (PEIX) \$1,001 -\$15,000 \$1,001 -\$15,000 Name Peter Hoekstra NONE NONE Page 4 of 9

SCHEDULE IV - TRANSACTIONS

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief SP, DC, Interoil Corp (IOC) Senbanc (SENBX) Interoil Corp (IOC) Dreyfus Premier S&P Stars - B Interoil Corp (IOC) American Funds Washington Mutual - A Income - A American Funds Capital World Growth & American Funds New Economy - A ADC Telecommunications (ADCT) Nam Tai Electronics (NTE) Herman Miller MLHR Compass Diversified Asset Other Other σ S(part) ഗ ഗ ഗ ഗ U ഗ S(part) σ Name Peter Hoekstra Transaction Type of 6/27/07 1/8/07 1/8/07 11/7/07 6/27/07 11/2/07 6/27/07 7/12/07 11/1/07 11/1/07 1/25/07 11/7/07 Date \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$1,001 - \$15,000 Amount of Transaction Page 5 of 9

SCHEDULE IV'- TRANSACTIONS

Name Peter Hoekstra

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

JT C, SP,	Asset	Type of Transaction	Date	Amount of Transaction
	Interoil Corp (IOC)	Ġ.	6/27/07	\$1,001 - \$15,000
ı	Interoil Corp (IOC)	S(part)	6/7/07	\$1,001 - \$15,000
	Senbanc (SENBX)	S(part)	1/25/07	\$1,001 - \$15,000

Name Peter Hoekstra

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

	SP, DC, JT
Macatawa Bank	Creditor
Equity Line of Credit	Type of Liability
\$50,001 - \$100,000	Amount of Liability

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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you,

Name Peter Hoekstra

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family ig? Food? Member Included?) (Y/N) (Y/N)	Days not at sponsor's expense
David Horowitz Freedom Center	Nov. 17th- 18th	Grand Rapids, MI-West Palm Beach, FL-Grand Rapids, MI	~	~	Υ	None
NC/SC Terrorism Conference Inc.	Oct. 29th- Oct. 30th	DC-Charlotte, NC-DC	~	≺ [!]	z	None
The Heritage Foundation	Feb. 1st- Feb. 2nd	DC-Baltimore, MD-Holland, MI Y	≺	~	~	None

SCHEDULE VIII - POSITIONS

Name Peter Hoekstra

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Board Member Compass Academy Holland Christian Schools Foundation	Position	Name of Organization
Holland Christian Schools Foundation	Board Member	Compass Academy